

**APPLICATION FOR:**

- ☐ WINDOW SIGNAGE
- ☐ TEMPORARY SIGNAGE
- ☐ FACE CHANGES *(ONLY WHEN PREVIOUS BUILDING PERMIT WAS GRANTED)*
- ☐ NEW SIGN
- ☐ PARKING SIGNAGE

please checkoff all thatapplies →

TOWN OF LAKE PARK
(please print)

PCN#: _____ Permit #: _____

Owner / Tenant / or Authorized Agent Name: _____ Phone #: _____

Owner or Tenant Street Address: _____ Cell #: _____

City: _____ State: _____ Zip: _____

If Applicable:

Contractor's Name: _____ Phone #: _____

Contractor's Address: _____ Cell #: _____

City: _____ State: _____ Zip: _____

JOB ADDRESS: _____**Estimated Value of Signage: \$** _____**Description of Signage** (*TWO copies of visuals depicting location and size are required*): _____

Applicant is hereby required to obtain a building permit to install signage as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all codes, laws, rules, and regulations in this jurisdiction. If the installation has commenced prior to the issuance of a permit, three times the amount owed will be assessed.

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS
FEES ARE NOT REFUNDABLE

OWNER/ TENANT / AUTHORIZED AGENT AFFIDAVIT (*owner affidavit required if Tenant signs*): I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable codes, laws, rules, and regulations governing construction/installation and zoning.

Signature of Property Owner or Authorized Agent
Or Tenant* (*Owner Authorization Affidavit Required)

Date

Print Name of Property Owner or Authorized Agent
Or Tenant

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____
_____ who is personally known to me or who has produced _____
As identification and who did not take an oath.

Notary Public

Signature of Contractor

Date

Print Contractor's Name

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____
_____ who is personally known to me or who has produced _____
As identification and who did not take an oath.

Notary Public

APPLICATION APPROVED BY _____

DATE _____

A COPY OF CONTRACT MUST BE PROVIDED BY CONTRACTOR

Note: This permit is VOID after 180 days OR the time limit set for any individual signage permit, as is determined by the Town Code of Ordinances. All **Contractors** must have valid State Certification or County Competency plus County and City Business Tax Receipts prior to obtaining a permit.

ANY CHANGE IN PLANS OR SPECIFICATIONS MUST BE RECORDED WITH THIS OFFICE. ANY WORK NOT COVERED ABOVE MUST HAVE A VALID PERMIT PRIOR TO COMMENCEMENT OF WORK. IN CONSIDERATION OF GRANTING THIS PERMIT, THE OWNER, TENANT, AND CONTRACTOR AGREE TO ERECT THIS SIGNAGE IN FULL COMPLIANCE WITH THE ZONING CODES. MOUNTING, ELECTRICAL WORK, AND ANY OTHER BUILDING CODE RELATED WORK IS NOT COVERED UNDER THIS PERMIT; A SEPARATE BUILDING PERMIT IS REQUIRED.

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS
FEES ARE NOT REFUNDABLE

TYPE OF SIGNAGE	FEE
(Window Signage is \$50)	
(Temporary Signage is \$100)	
(All other signage is \$100 up to \$3000 value or \$200 if more)	
_____	\$ _____
TOTAL AMOUNT DUE	\$ _____
RECEIPT NUMBER	_____
DATE ISSUED	_____

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS
FEES ARE NOT REFUNDABLE

OWNER AFFIDAVIT FOR SIGNAGE PERMIT

AUTHORIZING TENANT/AGENT TO APPLY FOR PERMIT

To the attention of the Community Development Department

I, _____ (“Property Owner”), of _____ (“Address”),
authorize _____ (“Applicant”), to apply for and receive a signage permit for my
property located at _____. I understand that there will be a minimum of one final
inspection required in order to close out the permit and that failure to comply with the requirement will result in
an expired permit and Code Enforcement action.

Signature

STATE OF FLORIDA
PALM BEACH COUNTY

SWORN TO OR AFFIRMED before me this _____ day of _____, 20_____.

By: _____ () who has produced as identification
() whom I know personally

Notary Public

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS
FEES ARE NOT REFUNDABLE

OWNER AFFIDAVIT FOR SIGNAGE PERMIT (if Owner applies for permit)

(NOT required if a Contractor is applying for the permit)

To the attention of the Community Development Department

I, _____ ("Property Owner"), of _____ ("Address"),
acknowledge that I am solely responsible for the signage permit # _____ I am about to receive. I
understand that I am taking full responsibility and am liable for all work related to this permit. I understand that
there will be a minimum of one final inspection required in order to close out the permit and that failure to
comply with the requirement will result in an expired permit and Code Enforcement action.

Signature

STATE OF FLORIDA
PALM BEACH COUNTY

SWORN TO OR AFFIRMED before me this _____ day of _____, 20____.

By: _____ () who has produced as identification
() whom I know personally

Notary Public

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS
FEES ARE NOT REFUNDABLE